## PART B - FEE(S) TRANSMITTAL

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FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600				Certificate of Mailing or Transmission I hereby certify that this Pec(s) Transmittal is being deposited with the United States Postal Service with artificient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2855, on the date indicated below.			
CHICAGO, IL	50603-3406					(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/771,894	02/04/2004		Philip S. Linden		8400/87778	3896	
TITLE OF INVENTION	i: WINDSHIELD WIPE	R ASSEMBLY WITH TO	UBULAR FRAME MEMB	ER			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/22/2008	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	]			
GRAHAM, GARY K		3723	015-250310				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  Fitch, Even, Tabu				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the tames of the property of the tames of the property of the tames of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is lated, no name with per prince.				
Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigne assignment.	e is identified below, the	document has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Sprague Devices, Inc.			Michigan City, Indiana				
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent) :	Individual Cor	poration or other private g	roup entity Government	
4a. The following fcc(s)	arc submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any	previously paid issue fe	e shown above)	
Ssuc Fee			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order -	No small entity discount p	sermitted)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1135 (enclose an extra copy of this form).				
5 Change in Entity Sts	itus (from status indicate	d above)	· overpayment, to Dept	Sat Account Number	08-1135 (enclose	an extra copy of this form).	
n Applicant clair	SMALL FATITY state	is. See 37 CFR 1.27.	b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37	CFR 1.27(g)(2).	
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Authorized Signature	/	V. Heller			21, 2008		
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